



AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66692-017 (P-TB 3997)	
SERIAL NO: 09/747,174	FILING DATE: 12/22/00	EXAMINER: M. Borin	GROUP ART UNIT: 1631 CONFIRMATION NO.: 5507	
INVENTION: CLASSIFICATION OF POLYPEPTIDES BY LIGAND GEOMETRY AND RELATED METHODS				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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DATE OF DEPOSIT: July 8, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
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37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
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ALEXANDRIA, VA 22313-1450.

Paul Choi
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

Paul Choi
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed
January 8, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been
established under 37 CFR 1.27.
- ☒ Petition for Three-Month Extension of Time is enclosed
(in duplicate).
- ☒ Appendix A.
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	4	-	44	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	1	-	14	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$


- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in
this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in
this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST
NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

RECEIVED
JUL 15 2003
TECH CENTER 1600/2500

Inventors: Sem and Hansen
Serial No.: 09/747,174
Filed: December 22, 2000
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- X Please charge my Deposit Account No. 502624 the amount of \$465.00 which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena
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